2411 N. Charles St., Baltimore

orrect age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

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07447

## CERTIFICATE OF DEATH

Reg. Dist. No. 333

J. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Wicomico	(For newborn infants giveresidence of mother)
City or fown	State // dry land county Wicomico
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. X. &
at nome - Forsoms burg	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Rider Edwin Adkins	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mule white married	20. DATE OF DEATH A 4545T 20, 1547 217:55A.
Allerta M. Odkins.	21. I CERTIEY that death occurred on the gate above stated; that I attended deceased from
6.(b) Name of husband or wife Alexandra and an analysis and an	190 total 19
7. Birth date of	and that I last saw h alive on 19
deceased (mo., day, yr.) August 30 - 1705	Immediate cause of death CONDINGRY ANTRY DURATION
8. AGE: Years Months Days If less than one day	Occlusion / 12 km
71 20hrsmin.	
9. Birthplace (Town, county, and state)	Due to.
I I a compare	
10, Usual occupation	Due 10
11. Industry or business	
12. Name Office Pitterille Mary and	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Csalelle Fredney  15. Birthplace Wanger Magnand	
S 15 Distinger (1) and core Marine and	Major findings of operations.
me a a a losta ma Halling	Date of op.
16. Informant	Autopsy results
Address R. D. Parsensburg Manylan	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Dund Date thereof Turquet 22, 194	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or arematory Tunada T	Where did Injury occur?
Location target source Warmana	Injured at home, farm, Industry, public place (where?)
18. Funeral director Holloway Co. Maller J. He	Injured at work?
Address alisbur Maryland	O lest R Starr
slag will so I Ro. Ont.	23. SIGNATURE M. D. Continer
19. A Paristrary 19 A Paristrary Registrary	Addishund My Bata strend 8-20-47



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#### MARYLAND STATE DEPARTMENT OF HEALTH 930

2411 N. Charles St., Baltimore

07448

### CERTIFICATE OF DEATH

1 •	A A
1. PLACE OF DEATH: Wicomic	2. USUAL RESIDENCE HOME) OF DECE SED: (For new to infants give residence of mother)
County	State Man Dought Comes
City or topt (If outside city or town limits, write RURAL and give nearest town)	City or town Salustrung
How long in above place of death?	(If outside city of town lights, write RURAL and give nearest town)
nospilation of Baker it	Street No. (If rurol, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Itera nene	Bell
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale Mule Main	20 DATE OF DEATH Wing. 8 19 7 3 3 20
6, (b) Name of husband or thengston safield	ZILLERRY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive give Reader	
7. Birth date of deceased (mo., day, yr.)  7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
66 5 27hrsmjn	PHANALI OKLINIAN
2 oddrille Marland	Due to.
3. Birinplace. (Town, county, and state)	The Must arolles
10. Usuat occupation	Due to
11. industry or bosness	
12. Hame Dradaille Ind	Dther conditions
01 4 ///-	(Include pregnancy within 3 months of death)
14. Malden name Hestin Cannon  15. Birthplace Indistille Md.	Major findings of operations
\$ 15. Birthplace Padarille Md,	Date of op.
16. Informant a City Ball	Stopsy resolts.
Address 401. Baken it. Salisty	HYSICIAN: Please underline the cause to which death should be charged statistically.
Buiel Date thereofens 117/194	22t VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, cremation, or remiyal, Which?) (granth) (df) (year)	
Cemetery or Crematory	Where did Injury occur? (City or town) (County) (State)
Location Control Day 15 D	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
18. FART Special 19 1/6. Walle 1. 1881	Programme at more
Addis Salidly Md.	The Comment of K. Champer MIV
8/11/24/1 Lasset Odo	M. D. or other
(Date rec'd by registrar)	Address Allo Lucht. MA Bate signed

AUG 18 1947
BUREAU V 8

07449

## CERTIFICATE OF DEATH

		arles St., Baltimore 50	9
	CERTIFICA	ATE OF DEATH Reg. Diat. No. 3	3
I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Wiconics	***************************************		
city or town Salistres	ts, write RURAL and give nearest town)	State Md County 21) etoni	
		City or town (If outside city or town limits write RURAL and give neares	t town)
How long in above place of death?2	eath occurred:	510 800000000000000000000000000000000000	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
510 Camden C	we Salisbru	Street No. (If rural, give LOCATION)	
How long in hospital or institution?		2.(a) It veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Nu	mber
Celeste B. R.	Brewington	5.(0) 50000 50000 50000	
4. Sex 5. Color or race	6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION	
7 Col.	widowed	20. DATE OF DEATH. Quant 15 19.4.7 21	. 9
PD	A B SALL T	21. I CERTIFY that death occurred on the date above stated; that I attended decease	
8.(b) Name of husband or wife	- nee prema	Charles 18. 16 to Cug/J	
7. Birth date of			1
7. Birth date of deceased (mo., day, yr.)	ust 30, 1861		DUR
8. AGE: Years   Months	Days If less than one day	Immediate cause of death	u
86 11	15hrs.	In.	• • • • • • • • • • • •
9. 400	0 10 10 00 000		0.0.0.0.0.000
9. Birthplace. Town, c	ounty, and state)	Due to.	
10. Usual occupation House	wil		**********
		Due to	***********
11. Industry or business	m. Grath	Custro - Vas - nephroles	we
1 (4 +0	0 0 0	Other conditions	14
13. Birthplace Frutta	nd, md.	(Include pregnancy within 3 months of death)	/
H 14. Maiden name Elmora	Robertsen mc. J	Major findings of operations	*****
14. Maiden name Classical and 15. Birthplace Freetla	not md.	major anguaga of operations	
22 74 2 .	ry Brewnsto		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1B. Informant	sy ossewinger	PHYSICIAN: Please underline the cause to which death should be charged sta	tistically
Address 5/0 Cama	en live Daliste	22. VIOLENCE: It death was due to external causes, till in the tollowing:	
17 Burial	S/18/47	Accident, suicide, or homicide	
(Burial, cremation, or removal. Which	Thomas (day (year)		
Cemetery or crematory	and the state of t	Where did injury occur?	State)
Location State Line	300 TYLL	tnjured at home, farm, industry, public place (where?)	
	200	Means of tnjury injured at work?	
PR	VV 20 11 - 10 -		
18. Funeral director	mesicos	W/ P Manue	
18. Funeral director	ue, md.	23. SIGNATURE PMOUNT	

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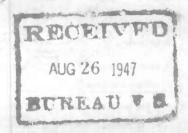
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Form V. S. 12	PLEASE WRITE PLAINLY, WITH

upplied.	Department of Commerce Bureau of the Census	COMMONWEAT DEPARTMI	TE OF DEATH LTH OF VIRGINIA NO ENT OF HEALTH VITAL STATISTICS	State File No.	07450
information should be carefully su of death clearly and legibly.	(a) County  (b) Magisterial district  (c) City or town  (d) Name of hospital or institution  (e) Length of stay in hosp, or inst.  (Specify whether  (f) Is place of death within corporate limits?  3. (a) FULL NAME	Registration district No. (For reg. use)	If Yes, name country	Street  FUE NO.  THE NO.	(Yes or No)
ING of informies of de	3. (b) If veteran, 3. (c) Social name war number	al security		EDICAL CERTIFICATION (Day)	19 47 8:30 (Yar) (Hour)
MARGIN RESERVED FOR BIND Y, WITH UNFADING INK. Every item important. Physicians: please write the caust	4. Sex  1. Color or race  1. Color or race  2. Color or race  3. Color or race  4. Sex  5. Color or race  6. (a) Single  6. (b) Name of husband  6. (a) Single  7. Date of birth of deceased  7. Date of birth of deceased  (Month by name  8. Age:  9. Birthplace  (City, town, or county)  10. Usual occupation  11. Industry or business  12. Name  13. Birthplace  (City, town, or county)  14. Maiden name  15. Birthplace  (City, town or county)	e, married, widowed, divorced.  7 9 0 0 Day) (Year)  If less than one day hours min.  (State or foreign country)  (State or foreign country)  (State or foreign country)	and that death occurred on the date and he immediate cause of death Phulli I and he was a superior of the conditions.  Due to.  Other conditions.  (Ioclude pregnance)	I last saw h alive on	Physician Underline the primary cause to which death should be charged statistically.
PLEASE WRITE PLAINL The copiect age is especially	16. (a) Informant's own algorature Mrs. Lie  (b) Address Chin Cotag  17. (a) Burial, premation, or removal?  (b) Place Rucco Gue  Signature of  18. (a) funeral director Valter M  (b) Address Chin Cotag  (Date policy by reg.) (Local, deputy	urial 17 1947	22. If death was due to external causes fill in the property of the property o	16 19 47  extragal account (County farm, in industrial place, in public place)  While at work?  M. D. or other	(State)



CERTIFIC	AIL OF DEATH Reg. Dist. No. 3.
1. PLACE OF DEATH Kilomile	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infelts give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Ma Control Reonico
How long In aboye place of death?	City or town
dospital, footballation, or feet address where death occurred:	Streel No. ((frorat, give LOCALIAN))
How long In hospital or Institution? 5 day 9 hrs	2.(a) If veteran, name war
3. (a) FULL NAME Jennie Chandles	3. (b) Social Security Number
4. See 5. Chor opace 6.(4) Single, married, widowed, or divorced	20. DATE OF DEATH aug. 19 197 197 1920
B. (b) Name of husband or wife Henry S. Chandles	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	Years and that I last year h. Che., alive on Clery
deceased (mo., day, yr.) alyu. 8-1808	Immediais cause of death DURATH
8. AGE: Years Months Days It less than one dayhrs.	min. Marane Myotorcutus
9. Birthplace (Town, county, ap state)	Due to
10. Usual occupation.	Mullo reference
11. Industry or business at Home	Due to
12. Name Pendroy	Diher conditions
13. Birthplace/Cladling Englished	(Include pregnancy within 3 months of death)
14. Maiden name 15. 8 irthpiace Reading England	Major findings of operations.
18 My . Blorge P. Chardler	Autopsy results
Moder & plan Mill are. r gratella & 1	PHISICIAN: Place onderline the cause to which death should be charged statistically.
17 Burish Date thereof Queg: 21-4	22. YIOLENCE: It Weath was due to external causes, fill in the following;  Acerdent, suicide, or homicide
(Burial, eremation, or removal Which?)  Cemetery or crematory  Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Labely Marylanes	Injured at home, farm, Industry, public place (where?)
18. Hollingan Alo. Walter R. Hollier	Msans of Injury Injured at work?
Addality maryland	H. D. (Rugness
19 8/21, 11 18 H Marget 2, Joh	23. SIGNATURE
(Date rec'd by registrar) Regis	strar   Address Date signed

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartee St., Battimora



07452

## CERTIFICATE OF DEATH

Reg. Dist. No. 333

City or Iown (If outside city or town limps, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
(If outside city or town limbs, write RURAL and give nearest town)  How long in above place of death?	City or fewn
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Jahn Henry (	3. (b) Social Security Number
M. Col. Widowyd, or stored  Midwydd,	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  21. 34. M
8.(6) Hame of husband or wite. <b>BLAUN</b> CASA.  8.(c) If alive, give age rears	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	and that I last saw h Mer alive on Clury. 23 20 19.43
8. AGE: Years Months Days If less than one day	Immediate cause of death. OURATION  CIENTED I HUMINITY OF CONTRACTION
9. Birthplace Mulanico Mila Milanico Mila	Oue to
10. Usual occupation	Due to
12. Name What Share Shar	Other conditions assertion Scherosia
14. Maiden name Sallet Just	(Include pregnancy within 3 months of death)
14. Maiden name Sally Justil  15. Birthplace	Major findings of operations.
16. Informant Assisted Boylelly	Autopsy results
Address  17. Baje thereot (month) (oby) (year)	22. V10LENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemelery or crematory	Where did injury occur?
- W-Marine	Means of Injury tnjured at work?
Address Melisar Mari	23. STONATURE Ob ellicus Emericle
19. Date roe d by registrary 19 11. Hange of the Registrar	Address Helwum) Date signed aug. 245-46

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STREAT TE

2411 N. Charles St., Baftimore

07453

## CERTIFICATE OF DEATH

1. PLACE OF, DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Ussampes	(For newborn infants give residence of mother)
City or town(If outside city or town/mits, write RURAL and give nearest town)	State Mangland County Maccater.
(If outside city or town mits, write RURAL and give nearest town)	City or town O Ceau City
How long In above place of death? 2 months:	(If outside city or town limits, write RUJAL and give nearest town)
Hospital Implitution, or street address where teath occurred:	Sirget No. 10 Miladelphia avenue
Peningula Mengere Hopelal	22 AG Wilf rural, givo LOCATION)
How long in hospital or Institution?	2.(a) ft veleran, name yar
3. (a) FULL NAME	3. (b) Social Security Number
8 01 0 10	o. (v) boths becauty standy of
Harry & Monaway	
4. Sez 5. Colorfor race 6.(a) Single, married, widowed, or different	MEDICAL CERTIFICATION
m w. married	20. DATE OF DEATH august 9, 18.42 at 8 A
0 0 60	
6.(b) Name of husband or wife was Ferry Moreawa	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Coug 2 1847 10 Clux 9 1847
7. Right date of	and that I last saw h / M. alive on QU & G. 19.4.)
deceased (mo., day, yr.) June 16, 1888	Immediate cause of death
8. AGE: Years Months Days it less than one day	
3 7 hrs	min.
1000	Justemma bemmage
9. Birthpiace. Town, county, and state)	• Due to
Mark Rin Palail	aurdinal eller.
1D. Usual occupation.	Due to
11. Industry or business	
12 Name James Stewart Monoray	Dther conditions
	Utner conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Succe a and aller	
15. 8irtholace Makenew	Major fiedings of operations.
21 13. Bittiplate Management	Dale of op.
16. Intermant Illu: the Minaway	Autopsy results
Address 10 Philadelphia are aceast	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Dan D Care to mi	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
mellolores // em	
Cemetery by cremajory	Where did Injury occur?
1000 Milliano Wilana	Injured at home, farm, Industry, public place (where?)
Hollemar G Nott PHollin	Means of injury injured at work?
18. Funeral director	
whalike Maryland	110
~/11// 111 M 1- 1 1 1 1	M. D. of other
19 8 / 1 19 19 H Halasat En	Pattan de . )
(Date /ec'd by /egistrar)	rar Address Jaloue Signed 8 9 4

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. FOR BINDING RESERVED

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#### CEPTIFICATE OF DEATH

2411 N. Charl	es St., Baltimore	. 01203
CERTIFICAT	TE OF DEATH	Reg. Dist. No. 333
County  City or town. (If outside city or town imits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street addiess where death accurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECE (For newborn infants give residence of mother)  Stale	Wild NUCL  SPRAL and give nearest town)  A.  ON)
3. (a) FULL NAME John W. Duncan	3. (b	) Social Security Number
4. Sex Scolor or race 6.(a) Single, married, widowed, or divorced  Male White Married	MEDICAL CERTIF	TICATION  19. 47 at 11:30 f.
6.(b) Name of husband or wife Muly Visiginia alternation  7. Birth dale of deceased (mo., day, yr.) (Aul) y 1, 1867	21. I CERTIFY that death occurred on the date above stated  19. 42.  and that I last saw below alive on	10 aug 10 194
8. AGE: Years Months Days If less than one day    16	Immediate cause of death	usl
9. Birthplace (Town, coupty, and grate)  10. Usual occupation Office Off	Due to	
11. Industry or business  12. Name Eligha Mundun  13. Birthplace Somuset Co, margling	Other conditions	
14. Maiden name Alah Jarl Farks  15. Birthplace Anlesser G; MA.	(Include pregnancy within 2 months o	
16. Informant Referent S. Muncina. Address Salisbury Muyeund	Autopsy results	h shunld be charged statistically.
17. But thereof. (Month) (day) (year)  Cemelery or cremetory. Dusons Cemelery	22, VIOLENCE: If death was due to external causes, fill   Accident, suicide, or homicide	Date of
Location Salespurp Maryland  18. Funeral director The Maryland Co.	Injured at homo, farm, Industry, public place (where?)  Means of Injury	
Address Salesbury Maryland  19. S. John 19. H. Hassisty Registrat  Registrat	23. SIGNATURE / Call G	M. D. er other

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2411 N. Char	rles St., Baltimore 129
CERTIFICA	TE OF DEATH Rog. Diat. No.
1. PLACE OF DEATH:  County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sea 5. Color or race 6.(a) Slogle, msrried, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE DF DEATH Quart 20 10 49 al 5:15
6.(b) Name of husband or wife	and that I last saw h
10. Usual occupation. Tarmer	Due to Preshle popular I ?
11. Industry or business  12. Name The Mary During	Dither conditions.
14. Maiden name melissa Coulbourn  15. Birthplace Secretary, M.	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of 00.
16. Informant Esther Robbins	Antopsy results.  PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address Sall Date thereof. S. 23 47. (Burlal, cremation, or removal Which Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location	Injured al home, farm, Industry, public place (where?)
18. Funeral director. C. ( Gr. Messeels	Means of injury Injured at work?
Address Bualve, md.	23 SIGNATURE William B Jang N. D. M. Dorother

Registrar Address 50

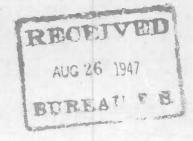
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	2411 N. Charles	St., Baltimore 51 &	074
	CERTIFICAT	E OF DEATH	Reg. Diat. No. 33
1. PLACE OF DEATH:  County Willomics  City or town. Salisbury Maryland  (If outside fity or town limits, write RURAL  How long in above place of death?  Hospita Institution, or street address where death occurred:  Yeninsula Jeneral Hospital  How long in hospital or institution?	a/	City or town (If optimize city or town lim  Street No. (If rural, gi	inount  iconount  iconount  its, write RURAL and give nearest town)
3. (a) FULL NAME		2.(a) If veteran, name war	10/100 1100 1100
Ford Archie			3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, marri	ried, widowed, or divorced	MEDICAL	CERTIFICATION
Male White Wie	dowed	20. DATE OF DEATH August 163	8 1947 10
21 12	lve, give age years  75 less than one day min.	21. I CERTIFY that death occurred on the date of the d	
9. Birthman (Town, county, and state) 10. Usual occupation	in spanish	Due to Maria To potrong Due to fifth was to	en ona just en topedl ue to UI supotati
12. Name Thomas of H	ord	Diher conditions and ariosc	life tie
		(Include pregnancy within	8 months of death)
14. Malden name	2	Major fiedings of operations	
16. Informant Mrs. Cecil In I	and	Actopsy results See above	
Address Jeppen Hairs	ousit, mil	PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external of	
(Burial, cremation, or removal, Which?)	(mg/th) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crematory	lery	Where did injury occur?(City or town	) (County) (State)
Location Hairmount	md	Injured at home, farm, industry, public place	(where?)
18. Funeral director Sharing State	Jatson)	Means of Injury	Injured at work?
Address Posomoke	md.	a favid	Filmer M.
19 8/19 19 HY Hass	ich Shu	ta301 N. DiGisio	n Right 7



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2411 N. Charles St., Baltimore

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07457

# CERTIFICATE OF DEATH

Reg. Dist. No.

A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Preomico	
City or fown. Markela Springer - Rural (If outside city or town lights, write RURAL and give nearest town)	State Maryland County Miconico
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Nospital, institution, or street address where death occurred:	Street No. San Doming o
San Domingo	(If rurai, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Royce L. Foslae	217-09-2808
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored harried	August 12 47 3:05-P
	2D. DATE DF DEATH. August 12 19 47 21 3:05 P.
6 (h) Name of husband of wife Mabel Fooks Goales	21. I CERREY that death occurred on the date above stated; that I attended deceased from
D,(v) A2018 Of HUSBARN OF WITE	Que 30-19-47 10 Que 9 1 /2 19-49
.6.(c) If allve, give age 28 years	
7. Birth date of	and that Hast saw h alive on 19
deceased (mo., day, yr.) Lanuary 22, 1918	Immediate cause of death
8. AGE: Years   Months Days   tiless than one day	2 whereulesis Out
29 6 10 hrs. min.	
	Moueles with pleasing
9. Birthpiace troomed County Maryland (Town, county and state)	Due to assessed
(Town, county, and atate)	
10. Usual occupation. Day Laborer	
	Due to
11. industry or business Farm and Steam Male	
12 Name Hernan Mc Glotten	Diher conditions
La tai managan	DIRECT CONTROLLER
	(Include pregnancy within 3 months of death)
14. Malden name Fronia Molore  15. Birthplace Miconico County, Maryland	
E 14. Maluell Mante.	Major fiedings of operatinos
15. Birthplace Miconico County, Maryland	Date of op.
77	
	Actopsy resolts
Address Mardela Springs Maryland R.T.D.	
	22. VIOLENCE: Il death was due to external causes, fill in the following;
17. Burial, cremation, or removal, Which?)  Date thereof Case 15 1947  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
/ / /	
Cemetery or crematory Law Domingo Cametery	Where did injury occur?
Location Near Sharptown Maryland	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director A. J. Frampton and for	Maans of Injury Injured at work?
- ////	2 5 .
Address tederalsburg Maryland	1290 June
	23. SIGNATURE M. D. or other
19 august 15 1047 5.5 Freamy to Toron	
(Date rec'd by registrar) Registrar	Address ee Galale. Led. Date signed Grage / &

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#### MARYLAND STATE DEPARTMENT OF HEALTH

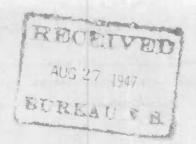
2411 N. Charles St., Baltimore

07458

### CERTIFICATE OF DEATH

Reg. Dist. No. 3 3 3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Weldmico	mad surka 101
City or towns	Ji the land
How long in above place of death? Cunkersure	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, inslitution, or streel address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George Assen	na
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mal - a a senknown	20. DATE OF DEATH acces 2 1 19.47, 21 6 an
Timber we start the start of th	21. I CERTIFY that death occurred on the date above stated; that I attended the cased from
6.(b) Name of husband or wife.	21. I CENTIFY that death occurred on the date above stated, that I ambuel declare the state of t
years	and that I last eaw Metitle on 19.
7. 8 irth date of deceased (mo., day, yr.) about 1895	and that I last say in a last
8. AGE: Years   Months   Days   It less than one day	Immediair cause of death Duration
52 obail - hrs. min.	
millan German	Due to Chronic mirroraltis / 45
9. Birthplace (Town, county, and state)	
10. Usual occupation dallall	Busin
11. industry or business & ame & alique	DE 10
	Diber conditions
12. Name Unknown	
M O	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
\$ 15. 8 Irthplace Cinhauses	Dale of op.
18. Informant Co.	Antopsy results
Address 200	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Q	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory Public	Where did Injury occur?
Location Saleslemy 19na	tnjured at home, tarm, Industry, public place (where?)
Control of the state of the sta	Means of injury injured at work?
18. Funeral director	la Radinaling M. P.
Address Salisbury and	23 SIGNATURE pleput med form
8/9,9, WY Holagret & John	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)	Address Italian Half Date signed



07459

Z age		DEPARTMENT OF HEALTH rles St., Baltimore /70 C
orect age	CERTIFICA	TE OF DEATH Reg. Diat. No. 33.3
information carefully. The conor death clearly and legibly	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For mayborn infalts give residence of mother)  State
mati	3. (a) FULL NAME	3. (b) Social Security Number
D + S	4. Sex Scolor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  2D. DATE DF DEATH.  2D. DATE DF DEATH.  2D. DATE DF DEATH.
4 =	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the see above stated; that atlanded deceased from
FOR soly ever write t	T. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	
ERVE K. Su pleas	9. Birthplace Stranger (2007), county and state)	n. TRACLIVAS CIPLLES  Due to
0.2	10. Usual occupation	Due to
MARGIN UNFADING ant. Physic	12. Ha terry g. Sully	Diher conditions
WITH UN importan	14. Maiden nah May Lester  15. Birmone wite dursting Va.	Major fiediags of operations
NLY, Wecially i	16. Internall . Henry J. Sully May	PHYSICIAN Place underline the cause to which death should be charged statistically.
E PLAIN	17. (Burial, cremation, our emoval, Which?)  Cemetery or Cemator (Company)	22. VIOLENS It such was due to external causes, fill in the following:  Accident checkes homicide
45.	Locato falisher Maryland	thinged at home, farm, industry, public place (wase?)
VS A15 9.	Addalitus mayland	23. SIGNATURA Rey ladeaford M. D. or other
VS	19. (Daty rec'd by registral) 19. The Registra	word of the second

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Joseph Saldan

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1. PLACE OF DEATH A COME C	CATE OF DEATH  Reg. Diat. No. 3.33
o Macarata 6	A HOULE DECIDENCE (LEGRATE) OF DECELOED
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new top infands give residence of mother)  State
3. (a) FULL NAME	2.(a) If veteran, name war
4. Sex Solor of ace S. (a) Single, married, widowed, or diversed Marie Married.	MEDICAL CERTIFICATION  2D. DATE DF DEATH
6.(6) Name of husband or wite	years and at I las Jaw harm alive on all last a burner of the burner of
9. Birthplace	Due to
12. Name + 1. 12. Name + 1. 12. Name + 1. 13. Birthplace 10. # 3 Salvilly 11. Maiden name / 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	(Include pregnancy within 8 months of death)
16. Horman . Nullie 24. Heavy M. Address P. D. # 3. Salvey M.	Actopsy resolts
17. (Burial, cremation, or remodal Wisch?)  Cemetery or commatory  Location  Date thereof. (Books) (day (year	Where did Injury occur?
Address alify med	Means of Injury  Injured at work?  23. SECHALURE  M. Deor other

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RAED		Supp	please
MAKGIN KESEKVED FOR BINDING	$\widehat{I}$	EASE WRITE PLAINLY, WITH LYFADING INK. Supply every item of information carefuly; Inc cortect	important. Physicians:
		AINLY.	especially
A15 9-45-15M		WRITE PL	is
A15	-	EASE	1

CERT	CIFICATE OF DEATH Reg. Diat. No. 3.3.3.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County County  City or town.  (If outside city or town limits write RUBAL and give nearest town)  Street No.  (If rurnl, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Colofor race 6.(a) Single, married pidowfd, or Henrice white	MEDICAL CERTIFICATION  20. DATE OF DEATH.  20. DATE OF DEATH.  20. DATE OF DEATH.  20. DATE OF DEATH.
6.(b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	and that last saw hermalive on The 19.
10. Usual occupation	Due to
12. Name Nemmeth Tennesser  13. Birthpiace Wilmington Stellman  14. Maiden name Many Stellman  15. Birthpiace Oclan City Md	Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
16. Informant MW. Reputed Denness  Address 604. E. Church St. Salid  11. Burial (Burial, cremation, or Amoval Which?)  (Burial, cremation, or Amoval Which?)	Antopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VfOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Mayland Mayla	(City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of injury injured at work?
19. Dageed by registral	J. Signature 1. J. Jeanne M. D. or other M. D. or other Address Balleliston, 2006 Date signed of 30/47

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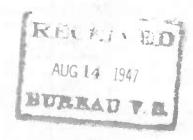
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 3.3		
1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Oliver Town (If outside city or townstimits, write RURAL and give nearest town)  Street No		
Insky Mrs. Annie Esthere	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Lemale white Wildow  6.(b) Name of husband or wife	20. DATE DF DEATH		
7. Birth date of deceased (mo., day, yr.) Aleceased (8, 1874.  8. AGE: Years Months Days It less than one day 7 19	and that I last saw h alive on 19 Immediate cause of death DURATION		
9. Birthplace Savalve Ulcomics Marfand 10. Usual occupation Doucsewfe	Due to		
12. Name Elisa Foreman  13. Birthplace Unknown.	Other conditions		
14. Maiden name Julia Barclay 15. Birthplace Manticoke, Manylane 16. Informant Mrs. Reese Horner	Major findings of operations		
Address  17. Button, or remont, Which?)  Cemetery or crematory. Swalve Church (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide		
Location Bevalve Maryland.  18. Funeral director C. L. Messerk  Address Bevalve Maryland	Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?		



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1. PLACE OF DEATH:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07463

#### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No. 3331

County Luconico	(For newborn Infants give residence of mother)
City or town	State M. County Mulandea
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
200	2.(a) If veteran, name war
How long in hospital or institution?	
3. (a) FULL NAME John Wesley Jones	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
male a.a. Vanaried	2D. DATE DF DEATH COULD LEST 1St 19 47 21 2. 3d A. M
S,(b) Name of husband or wife. Ella Jane	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12. 4.2
7. Birth date of S. (c) If alive, give age years	
7. Birth date of deceased (mo., day, yr.) July 20 18,57	and that I last sow h till alive on feel 31 19 42
8. AGE: Years MoAths Days It less than one day	Immediai, cause of death Hell rell upl DURATION
90. hrs. min.	
9. Birthplace Quarties mad (Town, county, and state)	Due to
1D. Usual occupation of annual	Due to
11. Industry or business James as about	Other conditions are a school of the conditions are a school o
12. Name Spr. Melally Jones Ind.	Other conditions CONCLAST CALLAND (Include pregnancy within 3 months of death)
14. Malder name Ravitte Garley  15. Birthplace Quartile Amd	(Include pregnancy within 3 months of death)  Major fiadiogs of operations
2 15. Birthplace Guarlies Land	Date of op.
16. Intermant College Control	Actorsy results
Address duantilla 100	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burisi, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory 2 dependence made	Whers did injury occur?
Location 2 mantilety	Injured at home, farm, Industry, public place (where?)  Msans of Injury  Injured at work?
18. Funeral director Carroll of Collisions	
Address Salealery md	23. SIGNATURE William Emeriell
19. Date red by registrar)	Address Helmy - my Date signed City, 2-4.

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2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: County	(For newborn infan	E (HOME) OF DECEASED: ts give residence of mother)  County	onica
(If outside city or town limits, write ROKAL and give nea	rest town) City or town	nittand h	rd,
How long in above place of death? Sometime death occurred:		le city or town limits write to HAL and g	ive nearest town)
Pine St Thrilland	Med Street No.	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war		***************************************
3. (a) FULL NAME	. 0	3. (b) Social Sec	curity Number
mary Cather	me Jones		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or	divorced	MEDICAL CERTIFICATION	N
Jem Colored singe	20. DATE OF DEATH	lugust 14 19.	47 1 6,304
6.(b) Name of husband or wife	21. I CERTIFY that death oc	curred on the date shove etated; that I attende	ed deceased from
	9 varine	d'after deste	ر ت ا
7. Birth date of 6.(c) If alive, give age		alive on	19
deceaeed (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death.		DURATION
80 0 0hrs.	min Respon	ratury fail	
0	7.1 11 060	- (- L)	
9. Birthplace(Town, county, and atate)	Due to the		***************************************
10. Usual occupation. At not been be		1 0 - 0	***************************************
11. Industry or business Proposition	Due to	to delegate	0 3 mg
II 12. Name alfred Jones	Dither conditions Co.	alia la ancid	
13. Birthplace Dune & quart	0 0 m 2	brevious neca	210
	(Include)	oregnancy within 3 months of death)	7
14. Maiden name Marthall quar 15. Birthplace Dames quar	Major findings of operation	Q.E	
		Date of op.	
16. Informant October		rline the cause to which death should he cl	arged statistically.
Address fine St. Trulla	& max	rae due to external causes, fill in the following:	
17. Burnal Bate thereof (mg/th) (d	5-1747		
1110	Where did injury occur?		•••••
Cemetery or crematory A Company Compan			(State)
Location All Amarles Domaine		etry, public place (where?)	
18. Funeral director and the funeral director	Means of injury	injured at worl	0 0
Address (Balalusy and	(P	Les XA	1600
8/16- NY Don A	23 SIGNATURE LO.	medical G	M. D. orothor
19. O The second by the second	Registrar Added Sa	of her	er gine

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

07465

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wicomico	
City or town Salisbury (If outside city or town limits, write RURAL and give nearest town)	W-1
How long in above place of death?	City or town Wittman (If outside city or town limits, write RURAL and give nearest town)
Hespital, Institution, or street address where death occurred:	Street No
415 Davis St.	
Now long in hospitat or instilution?	
3. (a) FULL NAME	3. (b) Social Security Number
Wilbert F. Jones	none
4. Sos 5. Color or raco 6.(a) Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widower	20. DATE OF DEATH Guguet 23, 19 47, 21 10 P.
6.(b) Name of husband or wife Elizabeth Jones	21. I CERTIFY that death occurred on tile date above stated; that I strended deceased from
8.(c) If alive, give age	June 9, 10 47, 10 August 22,18 41
7. Birth date of	and that I lost saw h
deceased (me., day, yr.) URIn 10 10 10 10 10 10 10 10 10 10 10 10 10	Immediate cause of death
71 7 8hn.	mla
9. Birthplace	Due to Arterioselerace
19. Usual occupation Waterman	
11. Industry or bosiness	Due to
	Diher conditions.
12 Name John W. Jones 13 Birthplace Wittman. Md.	
	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Date of ep.
16. Informant J. Walter Jones	Autopsy results
Address Wittman, Md.	
Burial (Burial, cremation, or removal, Which?)  Bate thereel Aug 26, 194 (month) (day) (year	17 22. VIOLENCE: If death was due to externat causes, fill in the following:
Cometery or crematory Olivet Cemetery	(0.0) 01 00 00 00
St. Michaels, Md.	
18. Funeral director Newnam & Harrison	Means of Injury Injured at work?
Address St. Michaels, Md	Robert J. Love M. D. Spelher
( 00 )	23. SIGNATURE M. D for other
19. J. J. S. 19 H. Hassel B. Harris	intrac delegares mel. Bais closed \$25/4

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

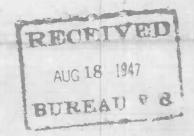
# CERTIFICATE OF DEATH

			a	9	9
Reg.	Diat.	No.	9	-	_

1. PLACE OF DEATH: Wicomico	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
U04/117	State Maryland County Wicomico
City or town Sallsbury Maryland (If outside city or town limits, write RURAL and give nearest town)	Rt. #4. Salisbury Md.
How long in above place of death? Since 3/10/45	City or town. Rt. #4, Salisbury, Md. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:  E. S. Tuberculosis Sanatorium	Street No. Rt #4
	(If rural, give LOCATION)
How long In hospital or Institution? Since 3/10/45	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Littleton, Addie	214-10-6148
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE DF DEATH AUGUST 11 1947 21 5: 558 M
8.(b) Name of husband or wife Vaughn Littleton	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Plats date of	July ] 19 47 to Aug 77 19 47
7. Birth date of deceased (mo., day, yr.) July 30, 1917	and that I last saw h. C.M. alive on Aug. 10 19.47
deceased (mo., day, yr.) dly sy, 1917  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
0. 702.	pulmoney Julenculor 5 years
	9 months
9. Diripplace Parsonsburg, 2 ry land (Town, county, and state)	Due to
(Town, county, and state)  10. Usual occupation	
10. Usual occupation.	Due to
11. Induatry or business	
12. Name Flor Tyndall 13. Birthplace Maryland	Dther conditions
X 13. Birthplace Manyland	
14. Malden name Ramie Bratton	(Include pregnancy within 3 months of death)
15. Birthplace Maryland	Major findings of operations.
	Date of op.
16. Informant Self	Autopsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
. Burid D Ches 13-47	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or grematory of collection ( )	Where did injury occur?
Location mm Hill Rose of near So	Injured at home, farm, Industry, public place (where?)
all mest - Challe pr	Means of injury Injured at work?
18. Funeral director	100 1 111 11
Address Saluthy Mid	Still tend on M.D.
8/11 1/2 p Ag. Op.	M. D. or other
19. (Date rec'd by registrar)	Address Saliebury anvien Date signed 8/11/47

PLEASE WEITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correction is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

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leg.	Diat.	No.	2	2		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County 2000	State 2nd . County 2110000000
(If outside city or town limits, write RURAL and give nearest town)	20 - 1 -
How long in above place of death? Tife time	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
Leon nutter	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m col Widower	20. DATE OF DEATH. Quay, 26 1947, at 26P. M
6.(b) Name of husband or wife 2006 1000 1000 1000 1000 1000 1000 1000	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  28 Kearch 19. 47, to 26 (engust 18. 47.
7. Birth date of	and that I last saw h. Last alive on 36 august 13.47
deceased (mo., day, yr.) gune 3,1888	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cirturo elesote Cardio masculas ?
59 2 20hrsmin.	renal disease with tensional
9. Birthplace (Town, county, and state)	
10. Usual occupation Occupation	Due to
11. Industry or business	
12. Name 12. Name 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Washie nutter  15. Birthplace nantuoke, md.	
15. Birtholace nauticoke, md.	Major findings ol operations
David Miller	Autopsy results.
16. Informani	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address January 17 d.	22. YIOLENCE: If death was due to external causes, fill in the following:
17(Burial, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory manticolse Pennetary	Where did injury occur? (City or town) (County) (State)
1 1 1 1 1 CAR.	Injured at home, farm, industry, public place (where?)
Location near peace and a location near peac	Means of injury Injured at work?
18. Funeral director	
Address Budelve, md.	23. SIGNATURE D. Q. J. Sundry M. D. or other
13. (Date rec's by registrar) 13. (Date rec's by registrar) Registrar	Address Date signed 2, 0 aug 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Diat. No. 3. 3. 3.

1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn afants riva residence of mother)  State
3. (a) FULL NAME Owens, Orastus	W. 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced  6.(b) Name of husband or wife 6.(c) If alive, give age years  7. Sirth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  10. Usual occupation (Town, county, and staty)  11. Industry or business	MEDICAL CERTIFICATION  20. DATE DF DEATR  3
12. Name. G. Marke. Batto  13. Birthplace  14. Maiden name. Markelland.  15. Birthplace  16. Informant. Marke. D. Markelland.  16. Informant. Markelland.	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  18. Funeral director  Address  19. (Data pee'd by/registrar)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

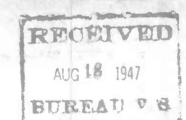
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07471

## CERTIFICATE OF DEATH

or, Diat. No. 333

	Reg. Dist. No.
1. PLACE OF DEATH: McComic	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For nothern is lants give residence of mother)
City or 1040 (If outside city of town limits, write RURAL and give nearest town)	State
How long in above place of death?	Street No. (If rurul, give LOCATION)
How long in hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME Donilla Mara	lel Parsone 3. (b) Social Security Number
4. Sey 5. Color or rate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DE DEATH. CULS. 19 7, 21 4 35
6.(b) Name of husband or wife layton W. Paris	21-1-6-RTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that last saw alive on
8. AGE: Years Months Days tiless than one dayhrs.	Cotypatin Have Tentre ?
9. Birthplace	No Bye to
10. Usual occupation	Due fo
12. Name May Market May  13. Birthplace Filturelly May	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Laulotte Bulling  15. Birthplace Petersele mag	Major fiediogs of operatious.
El 15. Birthplace Clayton W. Pays	Aptopsy results.  Aptopsy results.  Please underline the cause to which death should be charged statistically.
Address 5/ Sefficier . et . Salute	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Wilder)  Date thereot (mopth) (star) (year)	Accident, swelde, or homicide
Cemetery or compatory	Where and injury occur?(City or town) (County) (State)
Location Medical And Andrew A. Meller K.	Injured at home, farm, industry, public place (where?)
18. John Address John Miles Miles	- SOZ SIGNATURA TERRET H. Jeanan M.I
19. Bagge d by registration of the Bagge of the state of	Dhusair 38 Candending pale signed was 11,194
	Saleshull, ind.



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07469

#### CERTIFICAT

E OF DEATH	Reg. Diat. No	***************************************
Street No	County County RURAL and give ue	Lest town)
	3. (b) Social Security	Number
MEDICAL	CERTIFICATION	
2D. DATE DF DEATH	8/16 19.47	, at 3 A
21. I CERTIFY that death occurred on the da  and that last saw h	aug 15 Ph	\$ 15 19 WY
Dther conditions Cardelia. o	sclerous	•
(Include pregnancy with		
Major findings of operations	Date of op.	
22. VIOLENCE: If death was due to extern		statistically.
Accident, suicide, or homicide		
Where did injury occur?(City or to	own) (County)	(State)
injured at home, farm, industry, public pla	ce (where?)	
Means of Injury	Injured at work?	

M. D. Euriele

Date signed Que 16-4.

1. PLACE OF DEATH: County .... City or town (If ontside city or town limite, write RURAL and give nearest town) 60 yeary How long in above place of death?... Hospital, Institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 4. Sex 6.(b) Name of husband or wite B.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) It less than one day 8. AGE: Years Days 9. Birthplace. 1D. Usual occupation 11. Industry or busines 13. Birthplace 14. Malden nam 15. Birthplac 1B. Informant Address Date thereof. (Buriai, cremati (month) (day) (year) Cemetery or crematory Location 18. Funeral director. Address Registrar

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# 93d

Reg. Diat. No. 33

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County July And County	maring Uluchamica
City or town	la dia historia
How long in above place of death? 35 Cars	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. OOO YI. MANUSLAW ST.
600 M. Always D.	(If rural, give LOCATION)
Now long in hospital or institution?	2.(d) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   V6. (a) Single/married, widowed, or divorced	
Female White Single married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  20. DATE OF DEATH.  21. 30. 9. M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	19 4 4 19 to any 22 1941
7. Birth date of	and that I last saw h LA alive on 19.4
8. AGE: Years Months Days If less than one day	Immediate cause of death
05 0	
95 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Change have the second
9. Birthplace. (Town, county, and state)	Due to
18. Usual occupation at Tapne	
11. Industry or business	Due to
1 12 Name Pobert Handy Powell	Dther conditions
13. Birthplace W Mcester Co. maisland	
a Clara Tillerand	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
2 15. Birthplace Varcester Co. Marylama	Date ot op
16. Informant D. C.	Autopsy results
Address 600 m. Cursion St. Salisbus	22, VIOLENCE: If death was due to external causes, till in the following:
(Burlal, cremation, or removal) Which?)  Bate thereof. (month), (dyf) (year)	Accident, suicide, or homicide
the same the	Where did Inhury occur?
Cemetery or crematory	(City or town) (County) (State)
Location Add Add Wall And Add Add Add Add Add Add Add Add Add	Means of Injury Injury
18. Funeral director The Manual Congression of the State	The state of the s
Address Salisbury Maryland	James Mill.
" 8/9.3 . Al Daga 16 A 4. Ophin	23. SIGNATURE M. D. St other
19	Address State Signed Alle LL

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07472

# CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town Salisbury Macyland  City or town Salisbury Macyland  (If outside try or town maits, write RURAL and give nearest town)	State MARCHand county Somewaret
	Peinsages Ansale
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Feninsula General Hospital	Street No
Tensinsula General Hospital  How long In hospital or Institution?	2.(a) It veteran, name war
3.(9) FULL NAME  Secit Me Gabox (4)	3. (b) Social Security Number
4. Sex 5. Confet or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH August 26th 1847 21 5 35 A. N
6,(b) Name of busband or, wite	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
E Topil 3 / 86 6.5. (c) If allve, give age years	august 25 1947, 10 august 26 19 7
7. Birth date of deceased (mo., day, yr.)	and that last saw h alive en
X V(*F. teats   mourtes   navs   it tess than one nav	Immediate cause of death DURATION
8 4 23 min.	Occhining O 24 has
	Due to.
9. Birthplace (Town county, and atate)	arteriosclessos of symptom
10. Usual occupation Callinos  11. Industry or business Jonysey Oysters  11. Industry or business Jonysey Oysters	Due to Covoriary antiques 2 weeks
11. Industry or business Jonghue Cyslers	
E 12. Name + 2 1	Differ conditions the property of the conditions
13. Birthplace M/ Gersdon 119.	(Include pregnancy within 3 months of death)
13. Birthplace  14. Maiden name	Major findings of operations.
= 18. Informant Mrs. Vaugher Motil	Autopsy results
Address Rechard Take  17 Build Date thereot Mug 28, 144	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
19 / Carrolle and	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory.	Injured at home, farm, Industry, public place (where?)
Location Location Location	Means of Injury   Inj
18. Funeral director	10 all & 1 ha 10
Address Miller Miller	B. SIGNATURAL avid J. Helingre
19 8 / 218, 19/1 / Baggest & 1	M. D. crother Ches. 26,
(Date rec'd by registrar)	Address Date signed 1947

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# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 13/

07473

# CERTIFICATE OF DEATH

Reg. Dist. No. 3.3.3.

1. PLACE OF DEATH:  County  City or town. (If outside city or town.limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mather)  State  County  City or town  (If nutside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Evelyn agnes 1	(ayrl 3. (b) Social Security Number
7-suale White Massed	MEDICAL CERTIFICATION  20. DATE OF DEATH August 30 1947.
6.(b) Name of husband or wife 26 ower B Rayne  7. Birth dale of deceased (mo., day, yr.) Nov. 29, 1889  8. AGE: Years Months Days If less than one day hrs. min.  9. Birthplace (Town, county, and state)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  And furt. 30 19 47.  and that I last saw here alive on 5 30 4 9 19.  Immediate cause of death burning of the same of th
10. Usual occupation.  11. Industry or business House info  12. Name askur amptill  13. Birthplace Thalufentle Manfland  14. Maiden name Katel Byan  15. Birthplace Halespirille Md.	Other conditions Chr. Mersiths supported (Individe pregnancy within 3 months of death)  Major findings all aperations.  Date of op.
18. Informant At Mallards Manufigured:  17. Buried Date (pereof Deft 2-1947)  (Burial, cremation, ar removal. Which?)	Autopsy results PHYSICIAN: Please anderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Commetery or crematory Densius  Location South of Willards Wide  And Andrew Miller Mil	Where did injury occur?
18. Funeral director MAN State Man Address Patricle Man 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	23. SIGNATURE TOUR AND M. D. or other Address Willards 2nd. Date signed 7-47,

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#### MARYLAND STATE DEPARTMENT OF HEALTH 1310

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Allamid	(For newborn infants give residence of mother)
City or town	State Maryland County Delands
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Henricular Status Laguital	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Haire Ma Colas Co.	
4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m & morred	20. DATE OF DEATH. Alla. 19 19. 47. 21 9 amin
m m · D	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	21.1 CERTIFY That death occurred on the date above stated: That I alternate accessed from
	ears Lim
7. Birth date of deceased (mo., day, yr.)	and that I last saw h/1.177. alive on 197. 197. 197. 197. 197. 197. 197. 197.
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
o. Ade.	1 Type timem majoran 3 Time
3/1/1/ Thre	nin,
9. Birthplace	Due to VISPELL AMOUNT CALLERY
Town, county, and state)	May disease huns
10. Usual occupation	niti B I.
	Due 10
11. Industry or business	
E 12. Name Mathewall Stagest	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name made made made made made made made m	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
₹ 15. Birthplace,	Date of op.
16. Informant / March March 37742 1.00	Autopsy results
11 11 m	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Address Address	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Mallanda Drest.	injured at home, farm, industry, public place (where?)
12 1/4 1 1/1/2 F	Means of injury thijured at work?
18. Funeral director Alaman and A	
Address Silverment Sil.	MAD 21/1/2 MIXT
-110 We so \ 100	23. SIGNATURE M. D. or other
19 X / 7 1901 To aggiet as Att	mon on Un NIII an Art 10 aug 4
(Date reg d by registrar) Regist	trur   Address

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# MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

	les St., Baltimore 930
CERTIFICAT	TE OF DEATH Reg. Dist. No. 3.3
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wicomico	(For newborn infants give residence of mother)
Cily or town SA/is bury MARY And (If outside bity or town) mits, write RURAL and give nearest town)	State MARYLOND County Wicamico
(If outside hity or town hmits, write RURAL and give nearest town)	City or town titts ville
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest tow
Hospital, Institution, or street address where death occurred:	Street No. RZD
Teninsula genrecal Chospital	(If rural, give LOCATION)
How long in hospital or destitution? 10 days - 5 hrs. 45 mins	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Las 4 Men diane	01(0) 356111 366111, 1111
4. Set   5. Color or race/   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
TI W.L.	
temple White Widowed	20. DATE OF DEATH August 23rd 19.47 at 1
6.(b) Name of husband or wife Roles Shape 34	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	aug 18 1847, 10 aug 23
7. Birth date of	and that I ast saw h. Lee alive on Que 23
deceased (mo., day, yr.) 20 1824	
8. AGE: Years   Month's   Days   If less than one day	Immediate cause of death
62hrsmin.	
07	- I seem there was the
9. Birthplace Siele	Due to
(Town, county, and atate)	arteriorelecales Secretalis
10. Usual occupation	Bue to
11. Industry or business	
2/1	
12. Name	Diher conditions
	(Include pregnancy within 8 months of death)
14. Maiden name	
5	Major fisdisgs of sperations.
≥ 15. Birthplace	Date of op
16. Informant Alaman Arth	Astopsy results
0-1	PHYSICIAN: Please underline the casse ts which death absuld he charged statistical
Address Pullantle 1 77	22. VIOLENCE: It dealh was due to external causes, fill in the following;
17. Burial, cremation, or removal, Which?)  Date thereot. Clug 26-1947.  (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or cremetory.	Where did Injury occur?
Location Delna Bel	Injured at home, farm, industry, public place (where?)
010	Means of injury Injured at work?
18. Funeral director	9 11 ~
Address Delma Joel	He of Harmer on a
- 10 1 10 1 10 0 1	23. SIGNATURE M.D. or other
19 8 / D b. 19HT Baggeet To Ather	col.
(Date rec's by registrar) Registrar	Address Office Reference Date signed



(Regiatrar's signature)

23 SIGNATURE

THERE ON AND FROM THE

DURATION

PHYSICIAN

Underline

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which death

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DATE SIGNED.

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# MARYLAND STATE DEPARTMENT OF HEALTH

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WRITE PLAINLY, WITH WAFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

	Ever Disc. 110. Amend August 17 State 110.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Foonewhorn infants give residence of mother)
County ( City or town of aliabury md.	State Ollanger County Suisse
Off outside city or town limits, write RURAL and give nearest town)	City or town (If outsiders or town light)s, write RURAL and give nearest town)
How long in above place of death?	Street No. R. F. D. Fittsville Md.
416 Dund Mill are.	(If rural, give LOCATION)
How long in hospital or lastitution?	2.(a) If veteran, name war.
3. (a) FULL NAME arthur George.	Thomas  3. (b) Social Security Number
4. Snx 5. Color or race 6. (a) Single, Warried, widowed, or dispresed	MEDICAL CERTIFICATION
male White marriel	20 DATE OF DEATH. Quey 28 1947 21 /20/
6, (b) Name of husband or wife adella florence	207 emzife the death occurred on the date above stated; that I attended deceased from
	Jaman 19.4, 10 duy 28 19.47
7, Birth date of deceased (mo., day, yr.) aug 13, 1879	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immedia: capasi death DURATION
68 0 /3ni	in.
8. Birthplace of allegn new Jerse	Due to.
M (Town, county, and state)	
1D. Usual occupation	Due to
11. Industry or business A Charles	- Line Line Contraction
12. Name July 13. Birthplace A alexa Nov Jusey	Dither conditions flat the state of the stat
	(Include pregnancy within 3 months of death)
14. Maiden name Myry Champion	Major findings of operations.
El 15. Birthplate alle of the few few	Date of op.
16 Millian College Tolling College Col	Autopsy results
with the fellente mid	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, cremation, or removal) Which?)  (Burial, cremation, or removal) Which?)	Accident, suicide, or homicide
Cemetery or crematory de sale Phriedy Leens	(City or town) (County) (State)
new White tille No	Invest at home, farm, Industry, public place (where?)
Location Charles of the first	Mystas of Injured at work?
1B. Funeral dipector	3 + 11/2 Par me
Address 20 . E Charlet al Calisting mis	M. D. or other
19. 8/30 19 H/ Hagget & St.	Auga 100 P-30-
(Date rec'd by registrar) Registra	ar   Address   Date signed   D

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2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No. 3.3.3.

1. PLACE OF DEATH: ` .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
County Uses Zings	me
City or town (If outside city or town lights, write RURAL and give nearest town)	State County County
	City or town
How long in above place of death?	1 3 3 - 1 01
Penesarla General Hospital	Street No. (If rural, give LOCATION)
	.   2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Merona Vetra	
4. Sex   5. Chlor office   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
to I White Married	0 10 10 15
emale)	20. DATE OF DEATH Clegus 8, 19 47, 21 11 A
6.(b) Name of husband or wife slove 11- perca	21. LOERTIFY that death occurred on the date above stated; that I attended deceased from
60	June 29 184 7, 10 aug 5 1841
b.(c) ti ziive, give zgeyezi	and that I tast saw black alive on Sugar T
7. Birth date of deceased (mo., day, yr.) OLC. 15-, 1875	Immediate cause of death
8. AGE: Years Months Days It less than one day	Brancho-Brumonea
7/ 7 23hrsmin	A. P. C.
Pittagelle med	- Le Minel
9. Birthplace	Oue to
Home whe	Maleles, Whitebook
10. Usual occupation	"   Oue 10
11. Industry schusifiess	
12. Name Pettaille med	Other conditions
13. Birthplace Petterille med	
	(Include pregnancy within 2 months of death)
14. Malden name fulluda farm	Major fiedings of operations
E 15. Birthplace Putterille med	leff foot Date of op. 7 A 3 Af y
Me Lines, n. retain	Aolops resolts /
16. Informan M	PHYSICIAN: Please ooderline the cause to which death should be charged statistically.
Address & Blyme it . Saluting MG	22. VIOLENCE: 11 death was due 10 external causes, 1111 in the following;
17 Buil Date thereofing 1/11-4/	
(Burial, cremation, or removel, Which?)  Oate thereof formula (day) (year)	Accident, suicide, or homicide
Cemetery or crematory / Www.	Where did injury occur?
Solicher md	Injured at home, 1arm, Industry, public place (where?)
Localion	
18. Fondal director + 6. V / Letter 16. 1810	Maens of Injury tnjured a1 work?
Salith mid	T. 1) (N. 2
Address Saluffly 1994	23. SIGNATURE TINE STEMMEN MINE
TIII IN The gard of the	M. D. or other
10 A I I I MOVID I I CONTROLLED IN XIII	Address Allender My Old Date signed 7 9 4



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

# CERTIFICATE OF DEATH

07470 Reg. Diat. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wicomiew	(For newborn infants give residence of mother)
7-	State Md County Worsester
City or town (If outside city or town limits, write RURAL and give nearest town)	State
	City or town
low long in above place of death? 5-30-47	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Peg N Sula Sera Strapetil	(If rural, give LOCATION)
How long in hospital or Institution? 5: 3.0 - 4.7.	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
. 1 · 1/2 //	5. (0) Social Security Number
annie Walke	7.
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
17 , 26/1 2	4
tenale while morning	20. DATE OF DEATH CLEANS 6 1947 at 127
80. 1 Bl. 00	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	May 30 1947, to lug. 6 194
5. (c) If alive, give age 7. 2ye	and that i lay saw h. At alive on aleg 6 194
deceased (mo., day, yr.)	
	Immediaje caose of death
8. AGE: Years Months Days If less than one day	Aliabetes offellames 14
68 / 0hrsm	
700	
9. Birthplace	Due to
(Town, county, and state)	
10. Usuat occupation / Vallaury	
	Due to
11. Industry or business	
12. Name of saal Dichots	Other conditions Mexicoclesores
13. Birthplace	anteriorelectic Sungione right out 20
L. 13. Biringiace	(Include pregnancy within 3 months of death),
14. Maiden name	Mali in H respela
	Major findings of operations of Columnia of veccels
15. Birthplace	Lower Right III Date of op.
Charles Walker	Aotopsy resolts.
16. Interment	PHYSICIAN: Please underline the cause to which death shootd he charged statistically.
Address Bishop Md.	
18 19 110	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (May) (year)	
Cemetery or crematory Listans Bullion	Where did injury occur? (City or town) (County) (State)
Gill buill	Injured at home, farm, industry, public place (where?)
Location	
m Pasta Wataan	Means of Injury topoged at work?
18. Funeral director	
Address Sellewelle Sel	Nand & Selman Bak
111 111000 1 0 10	23. SIGNATURE
10 8 7 10 M / Bass 10 21 8	Thuday 1 11 DIX . The There of 1
13	The sale of the sa

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

(17481) Reg. Dist. No. 933

1. PLACE OF DEATH: 7/ ·	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Mylonico	(For newborn infants give residence of mother)
	State County Mustice
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town aller
How long in above place of death? 54 years	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME 6/	3. (b) Social Security Number
Dersell P. Shall	all V
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Ithile Lingle	20. DATE DE DEATH august 1 18.47., at 6.4 M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	Jane 1 24 18 4 5, 10 aug 12 18 47
7. Sirth date of	and that I last saw had Malive on Standard 3/24 1997
deceased (mo., day, yr.) Au. 18, 1897.	
8. AGE: Years   Months   Days   If less than one day	1
514 7 /3hrsmin.	My reesless talless I med
34 /3 / 12	
9. Birthplace (Ille), Mild Mill (Town, orighty, and state)	Due to. My cardialis Mys.
10. Usual occupation U. S. Asservable	hlad Alexani 7 acc
11. Industry or business	Due to
A I I I I I I I I I I I I I I I I I I I	Other conditions Williams Paralle Calabrain Levise
12. Name 1. Mart d. Sallarly  13. Birthpiace Former 6.	el. Del
14. Maiden name Cla A Kaldina	(tuclude pregnancy within 8 months of death)
5 15. Birthplace Myonis Co., Md.	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant A. All Miller	Autopsy results.
Address 1/38 Halauf St. Checker, Fa.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
12 n X/3/1/2	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removed, Which?)  (Burial, cremation, or removed, Which?)	Accident, suicide, or homicide
May aline Child	Where did injury occur?
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location aller The	Injured at home, farm, Industry, public place (where?)
Do Will A ON Jun 1 (a)	Means of Injury Injured at work?
16. Funeral director.	
Address Salishilly, M.	23. SIGNATURE The O'Millery Man
8/4 114 Paga of A John	M. Wor other
19	Address Address Date signed 5/2/42.

MARGIN RESERVED FOR BINDING

A15 ASA PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legil



MARGIN RESERVED FOR BINDING

correct age

DIACE OF DEATH

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

2 HOURS DECIDENCE (LICAMES) OF DECEMPED

07481

# CERTIFICATE OF DEATH

Reg. Diat. No. 3.3.3

County  City or town.w	County  City or town
3. (a) FULL NAME	3. (b) Social Security Number
11000 111.1100	01010000
4. Sex) 5. Color or tage 8. (a) Single, married, widowed, or divorced  Mile Mile Market	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  19.47, 21. 9.4. N
6.(b) Name of husband or wife. Charles Washburn	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of deceased (mo., day, yr.) dug. 3 2 1872	and that I last saw h. 2 alive on
8. AGE: Years Months Days If less than one day	Congesticie Gent talue. 1 yr
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation.	Due to
11. Industry or business  12. Name	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birthplace Chad Point Md	Autopsy results
Address P.D.# 1. Saluty Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Buriai, cremation, or removal, Which;)  (Buriai, cremation, or removal, Which;)  (month) (day) (year)	Accident, suicide, or homicide
Cemetery of Frematory May Porture Com.	Where did injury occur?
18. Fineral director may to Malland A. Hill	Means of Injury Injured at work?
Address Thurty Mary and	22 SIGNATURE LES L. Laury m.D.
19. Date registrary 19 A. L. Bash of pregistrary	M. D. or other Address Date signed 8: 20-47

AUG 27 1947
BUREAU & B.

2411 N. Charles St., Baltimore

930

07482

#### CERTIFICATE OF DEATH

Piet No. 9 33

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME from J. Watson	3. (b) Social Security Number 213-16-764
4. Sex S. Color or race S. (a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION  20. DATE DE DEATH ON SULLAND SU
6.(6) Name of husband or wife. M. Landl. 3: Walson.  7. Birth date of deceased (mo., day, yr.) And 96 - 190	and that I last saw h 1991 alive on
8. AGE: Years Months Days It less than one day 4 3min.	Immediate ause of death OURATIO
9. Birthplace Thom, county, and state)  10. Usual occupation Troduce Tacker	Due to
11. Industry or business  12. Name	Dther conditions
14. Maiden name awist, M. Waker  15. Birthplace Mayland	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Missille Ma Rural #2	Antopsy results
(Bural, cremation, or repreval. Which?)  Cemetery or crematory	Accident, suicide, or homicide
Location Manu Hill M. G.  18. Funeral director Place & Commis (	Injured at home, farm, industry, public place (where?)  Meens of injury  Injured at work?
Address Now Will MG  19. Son 19 H. Hasself L. Oh (Date rec's by registrar)  (Date rec's by registrar)	23. SIGNATURE MARLES M. D. or other M. O. or other

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED

SEP 3 1947

BUREAU F 8

FOR BINDING

RESERVED

MARGIN

PLEASE WRITE

S

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

07483 Reg. Diat. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	Siale Maryland County Jarchester
(if outside city or town limits, write ADRAL and give nearest town)	Campada.
How long in above place of death?	(If outside city or town limits write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 308 Oakly Shut
How long in hospital or institution?	(tf rurs), give LOCAFtON)  2.(a) if veleran, name war
3, (a) FULL NAME	
Lillian Wrug	13. (b) Social Security Number
4. Sex 5. Color or gace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white widowed	20,000 DEATH august 20 19 47 21 6 p
6.(b) Name of husband or wife To wheer & M	21. PCERTIEX that death occurred on the date above stated; that t attended deceased from
.6.(c) If alive, give age	( cuy 10 10 4) 10 aug 20 10 47
7. Birth dale of deceased (mo., day, yr.) Aug 19, 1873	and that I last saw h. 2.7 alive on aug 20 19.4.
8. AGE: Years Months Days 11 less than one day	Immediate cause of death
7 H 0 11min.	Cardes rascular rend discours
Charles teol for Ta	Due to
9. Birthplace	Sue to
1B. Usual occupation	Due to.
11. Industry or business	-
12. Name Pero ( A 1 4 ) Whitmake	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findiass of operations.
15. Birlhplace	- Bale of op.
16. Informani W AP, Hobbins	Autopsy results
Address bankadas mod!	PHYStCIAN: Please underline the cause to which death should be charged statistically.
17 Buriol Date thered and 1 & 3,19	22. YIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remova, Whitah?)	Acfident, suicide, or homicide
Cemelery or crematory bull blancher blancher	Where did injury occur?
Local local Control and Control of the Control of t	Injured at home, farm, Industry, public place (where?)
18. Euneral director Self Santile Alleganiell	Means of Injury Injured at work?
Address Address	I be a cital mil
O 10 IN PROPERTY OF THE	23. SIGNATURE M. U. or other
19. 19 19 TI Garcel & gran	- 6 Sel - 11d . 8.23.47

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where the Section of the contract of